

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**Administrative Issuance: CFSA - 20-1**

TO: All Staff

FROM: Robert L. Matthews  
Principal Deputy Director

DATE: July 13, 2020

RE: Diversion Process at Investigations

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CFSA's primary commitment is to safely maintain children in their own homes whenever possible. Rather than placing the child in foster care, CFSA will partner with the child's parent to plan for the child to be safely cared for by a relative or another identified caregiver. This practice is referred to as "diversion".<sup>1</sup>

This administrative issuance outlines the diversion requirements and process. If you have any questions about this administrative issuance, please contact the Deputy Director for Entry Services or the Administrator for the Child Protective Services Administration.

### **Diversion Determination Process**

When a child and their family comes to the attention of CFSA through a hotline report of abuse and neglect, the investigative social worker must conduct an assessment to determine if: (1) the child(ren)/youth is in imminent danger, which would result in a removal, and (2) if the child(ren)/youth can remain safe in the community with an identified caretaker.

1. The investigative social worker shall conduct the following steps to determine whether diversion is appropriate:
  - a. Utilize clinical judgment to assess for child safety using the Danger and Safety Assessment tool.
  - b. Through consultation with the supervisor and program manager share clinical judgment to determine if a diversion is appropriate.
  - c. Once a collective decision is made that a diversion is appropriate, ***within 24 hours of assessment*** the investigative social worker must:
    - i. Document any updates, such as the name, relationship, address, and contact information of the identified caretaker to the Safety Plan of the Danger and Safety Assessment Tool. See the [Safety Plans policy](#) for additional information.
    - *A note about consents to the Safety Plan during COVID-19*: When the identified caretaker agrees to the Safety Plan, their consent may be recorded verbally or by CFSA's eFax tool.

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<sup>1</sup> **Diversion**: A decision made by an investigative social worker, following the completion of a Danger and Safety Assessment, with the legal caregiver and the proposed identified caretaker to ensure the child's safety in lieu of entry into foster care. A diversion results in the development of a plan of care for a child to ensure their safety. The plan of care identifies who will assume physical care of the child.



- ii. Include a notation of the diversion decision under the Decision Assessment – Safe with a Plan in FACES.Net. Additionally, a narrative should be included in describing how the safety plan will address the danger indicators.
  - The Safety Plan tab on FACES.Net must be completed in full.
2. The investigative social worker shall identify and offer supports and services based on the family's needs.
  - a. Service options may include crisis intervention, transportation support, vouchers for food and clothing, legal support, [Grandparent Caregiver Program](#), [Close Relative Caregiver Program](#), Emergency Flex-Funds, Kinship Diversion Funds, referrals to the Collaboratives or other community-based providers, or other supports such as furniture, etc.
  - b. [NowPow](#) and the Kinship Caregiver Line at (866) FAM-KIN1 can be utilized to identify services for families. The investigative social worker can provide information to families about how to access NowPow and the Kinship Caregiver Line.

### **Diversion Outcomes (Full Data Review every 6 months)**

Once a final determination has been made that an investigation should be diverted, the steps above have been completed, and no further CFSA involvement was needed after the investigation closure, the investigative social worker must enter the information into the Diversions Form (*see attachment*).

1. The investigative social worker shall conduct the following steps to ensure the diversion is tracked and noted:
  - a. Following their program manager's approval to divert, the Diversions Form must be completed in its entirety.
  - b. Once the form is completed, it must be submitted via email within **3 business days** by the investigative social worker to the appropriate point of contact as determined by management in CPS.
2. The designated individuals from CPS responsible for gathering the forms must submit them on a weekly basis to the Entry Services Data Analyst.
  - a. On the 15<sup>th</sup> of every month, the data analyst shall contact the Entry Services Program Administrators to request a reconciliation of the data elements. Program administrators shall have **3 business days** after receiving the reconciliation request to update the information.
  - b. Upon receiving the updated reconciled data, the data analyst shall prepare a monthly Entry Services Diversions report for review by Agency leadership and management.

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## Diversion Form

Diversion Details	
Date of Diversion	Click here to enter a date.
Time of Diversion	

Type of Diversion
Choose an item.

Section I. Referral Number/Case Information			
Referral/Case Number	Social Worker	Supervisory SW	Program Manager

**PLEASE NOTE:** "Caregivers" refer to the parents or legal guardian/custodian of the child or youth. "Caretakers" refer to the individual identified to provide temporary care for the child or youth as a result of a decision to divert.

Section II. Caregiver and Identified Caretaker Information							
	Name	Relation to Child	Age	Gender	Race	Ward	Address
<b>Child #1</b>		N/A		Choose an item.			
Parent/ Caregiver		Ex. Mother		Choose an item.			
Parent/ Caregiver							
Identified Caretaker		Ex. MGM		Choose an item.			
<b>Child #2</b>		N/A		Choose an item.			
Parent/ Caregiver				Choose an item.			
Parent/ Caregiver							
Identified Caretaker				Choose an item.			
<b>Child #3</b>		N/A		Choose an item.			
Parent/ Caregiver				Choose an item.			
Parent/ Caregiver							
Identified Caretaker				Choose an item.			

*Please submit all forms to designated staff within three (3) business days of the diversion*

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## Diversion Form

### Section III. Additional Diversion Details

**1) What are the danger indicators that led to the diversion? (Select all that apply)**

<input type="checkbox"/> Physical Harm	<input type="checkbox"/> Hazardous living conditions
<input type="checkbox"/> Lack of food, clothing, shelter, supervision, medical or mental health care	<input type="checkbox"/> Sexual harm
<input type="checkbox"/> Harm by others AND caregiver unable/unwilling to protect	<input type="checkbox"/> Caregiver refusing access/hiding child and inability to assess for harm
<input type="checkbox"/> Emotional harm AND caregiver unable/unwilling to respond to concerns	<input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Not applicable (please specify)

**2) What action occurred which allowed us to divert (Action to Support Diversion/Safety Plan)? (Select all that apply)**

<input type="checkbox"/> Use of family, neighbors or other individuals in the community	<input type="checkbox"/> Legal action planned or initiated to mitigate danger indicators; child remains in the home
<input type="checkbox"/> Nonoffending caregiver took action to protect the child from the alleged maltreater	<input type="checkbox"/> Use of Collaboratives or community agencies to support the caregiver in carrying out the safety plan
<input type="checkbox"/> Alleged maltreater left the home, either voluntarily or in response to legal action	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Nonoffending caregiver moved to a safe environment with the child	<input type="checkbox"/> Not applicable (please specify)

**3) What actions by the caregiver's behavior and/or condition contributed to creating a danger for the child, or is a barrier in creating safety, permanency, well-being or stability for the family? (Select all that apply)**

<input type="checkbox"/> Physical Health	<input type="checkbox"/> Prior Trauma
<input type="checkbox"/> Mental Health and Coping Skills	<input type="checkbox"/> Daily Parenting Behaviors and Routines
<input type="checkbox"/> Developmental/Cognitive Abilities	<input type="checkbox"/> Basic Needs and Management of Financial Resources
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Intimate Partner Relationship
<input type="checkbox"/> Court Order or other legal action	<input type="checkbox"/> Other Adult Household and Family Relationships
<input type="checkbox"/> Social Support System	<input type="checkbox"/> Physical Characteristics of the Household
<input type="checkbox"/> Community Environment and Neighborhood	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Accident	<input type="checkbox"/> Not applicable (please specify)
<input type="checkbox"/> Incapacitated illness	

*Please submit all forms to designated staff within three (3) business days of the diversion*

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## Diversion Form

### Section IV. Services Offered

Identify services offered to the parent/caregiver and identified caretaker.

Type of Service	Recipient of Services	Name of Recipients
Crisis Intervention (MSS/CHAMPS)	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	
Transportation Support (Metro Cards)	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	
Vouchers (Food, Clothing)	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	
Legal Support (NLS)	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	
Grandparent Caregiver Program	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	
Close Relative Caregiver Program	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	
Kinship Diversion Funds <i>Specify purpose:</i> _____	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	
Collaborative Referral	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	
Other	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Identified Caretaker	

### Section V. Diversion Summary

Please detail below the following: (1) the specific actions of the parent/caregiver, which led to the decision to divert, (2) the impact of the actions on the child/ren or youth, and (3) how the plan and associated action steps will address and ensure child safety.

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*Please submit all forms to designated staff within three (3) business days of the diversion*